



SUMMER 2025

groupcircle

AGPA Member Spotlight Featuring AGPA Member Charles Zeng, LMFT, LPCC, CGP (He/They)

Tony Sheppard, PsyD, CGP, ABPP, AGPA-F

EDITOR’S NOTE: The AGPA Member Spotlight is a new feature that will run twice annually in the Group Circle.

TS: How long have you been a member of AGPA?

CZ: Since 2020, right before the COVID shutdown. The first AGPA Connect conference that I attended was in 2020 in New York.

TS: How did you find AGPA?

CZ: My very first supervisor happened to be Michael Frank, MA, LMFT, CGP, AGPA-LF. So, during the first month of my training at Maple Counseling Center, he asked me if I’d like to run the gay men’s group there. I had been in school for two or three quarters, and it was my first month at the Center. I was petrified! I hadn’t even taken the group class yet. Michael said, “What better way to learn? You just start running a group and you’ll learn.” I had some trepidation, but thought about it and just jumped right in. I then got in the group track at Maple.

Michael began encouraging me to go to GPALA (Group Psychotherapy Association of Los Angeles) and to AGPA Connect. I went to some GPALA events and took the Principles of Group Psychotherapy course there. I considered going to AGPA Connect in 2019 when it was in Los Angeles, but it was all still so new that I waited until 2020 to attend Connect for the first time.

TS: In your opinion, what is the best thing about AGPA?

CZ: I think it’s the community. Every year when the conference happens, it’s almost like a sleepaway camp where you hang with other therapists. You talk about your feelings in a way that doesn’t happen at any other conferences. This year I had the thought that AGPA Connect is kind of like the Apple TV show *Severance*, but in a good way. When you’re at the conference you’re having this other-worldly experience and then when you go back home, you’re sort of hung over from it all. At the conference we talk about ourselves in ways that we normally would not. And then we go back to our normal lives. It’s a different container. Once you settle in and know what’s going on you can grow and be whoever you want within that container.

TS: Tell me about some of the ways you’re involved with group work currently.

CZ: First of all, I’m quite involved in AGPA and other group organizations. I’m currently on the Board of Directors for the International Board for Certification of Group Psychotherapists (IBCGP). I also serve on the AGPA Diversity, Equity, and Inclusion (DEI) Taskforce. Further, I’m Co-Chair of the Lesbian, Gay, Bisexual, Transgender, Questioning/Queer, Intersex, Asexual+ (LGBTQIA+) Special Interest Group (SIG). Finally, I’m the Co-President of GPALA and I serve as the Dean of Curriculum for Eastern Group Psychotherapy Society (EGPS).

Currently, I’m running three groups. One of those is called *Chosen Family* and it’s a general adult process group. It’s guided by the theme of chosen family. Maybe they feel like outcasts in their own families, and they can come together and find community. Another of my groups is for bisexual and pansexual people and that one is called *Getting Bi*. My third group is called *GenerAsians* and it’s for Asian American and Pacific Islander (AAPI) folx. I guess you can tell that I like punny names for my groups!

I own a group practice now called *Taming Shame* and I have six professionals working with me. It has taken some time to recruit and settle in with like-minded professionals. It was important for me to find people who embody the same values that I do. I’m very proud to have a group practice with all BIPOC (Black, Indigenous, and Persons of Color) clinicians, most of whom are members of the LGBTQ+ communities and some are neurodivergent. The practice very much represents my brand and who I am as a person. Each of them are running groups currently. I’d like to share the names and topics of some of these groups since they represent the work we’re doing in my practice:

- *Tiger Balm for the Soul*–Asian American process group
- *Together Beyond Borders*–Process group for those dealing with immigration stress
- *Reclaiming Peace*–Process group for healing relationship wounds
- *Kinky Boots*–Kink-friendly group for Kinky folx and sex workers
- *Hero’s Quest*–A Dungeons & Dragons-inspired process group
- *Delulu* is the Solulu–A teen process group for curating self-positivity among peers

TS: What is your group therapy elevator speech?

CZ: Group therapy is a place where people can find healing through connections with each other. People can have corrective emotional experiences and can test setting boundaries with others. Things are contained by the facilitator/s where they can create a safe enough space or brave space for people to be able to talk about things that might be hard to speak about outside a group setting.

TS: What is the best meal you’ve eaten during AGPA Connect?

CZ: The very first dinner I went to at an AGPA conference was the New Member and First-time Attendee dinner in 2020. I remember meeting (AGPA Chief Executive Officer) Angela (Stephens) there and there was a lot of pizza. Lots of professionals sharing pizza with each other and there was an energy in the air. It felt like everything is achievable and the future is within our grasp. It felt very fresh and new, as though everyone there was drawn in and wanting to learn for that week.

TS: What’s your advice to those who are new to the field of group therapy?

CZ: Don’t be afraid to make mistakes! Some of the best lessons I’ve learned in group therapy are through mistakes that I’ve made. We will never run out of room for improvement, so embracing our imperfection can not only relieve us of the pressure to “do everything right,” but also model our humanity with our group members that we don’t have to let shame or guilt lead the way of our decisions making. 🧐



Charles Zeng



from the
president

Lorraine Wodiska, PhD, CGP, ABPP-F, AGPA-F

Of the People, By the People, For the People

Do these words sound familiar? Abraham Lincoln? The Gettysburg Address? Yes. And no. While immortalized by Lincoln in 1863, these words were first spoken by abolitionist and Unitarian minister, Theodore Parker on May 29, 1850—13 years before Lincoln’s famous speech—at the New England Anti-Slavery Convention in Boston. Parker offered these words as a vision of unity and progress in a time of deep national division.

What Do These Phrases Mean to AGPA?

- **Of the People:** Our leadership arises from within AGPA’s membership.
- **By the People:** Elected leaders are empowered by and accountable to the membership.
- **For the People:** Governance serves the best interests and evolving needs of all members.

As we navigate today’s political and social landscape, these words resonate deeply—especially as AGPA confronts some uncomfortable divisions. This moment calls on us to reflect on our values and commit to meaningful culture change.

Further, these foundational principles of healthy democracy serve not only as a lens for reflection but also as a **call to action**. To ensure AGPA’s ongoing relevance and organizational integrity, our structures and processes must align with our values, transforming aspiration into sustainable change of our ever-changing culture.

What Is (Organizational) Culture?

Culture reflects our shared values, beliefs, and behaviors. It guides how we interact with one another, make decisions, and pursue collective goals. Culture shapes both our daily practices and long-term vision. It is inevitably impacted by national and global events.

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Tony Sheppard, PsyD, CGP, ABPP, AGPA-F

Several years ago, AGPA sought the services of a consulting firm to assist us in rebranding ourselves. This resulted in some changes within the organization such as new logos and a new tagline, *Groups at work: Connection, Education, Leadership*. It was an exciting time for our organization. I was chair of the International Board for Certification of Group Psychotherapists at that time and had a front row seat to review the data from an organizational survey. One thing that stood out from those survey results was that our most valuable asset as an organization was our connections to each other. In fact, we rebranded our beloved annual conference as AGPA Connect as a way of conveying how important our connections are. I've thought a great deal about those relationships over the past few months in the context of a tumultuous time in our world. More than ever before, we need our AGPA connections. I hope the summer edition of *The Group Circle* keeps you connected.

This edition of *The Group Circle* contains the first installment of our new feature, the *Member Spotlight*. This new feature will introduce you to a new AGPA member and will run twice a year. It will allow readers to get to know folk in the organization, particularly those who are engaged in interesting and important work in the field of group psychotherapy. I can't wait to introduce you to Charles Zeng, LMFT, LPCC, CGP.

AGPA President Lorraine Wodiska, PhD, CGP, ABPP-F, AGPA-F, in her column, speaks to the evolution of our AGPA culture. She challenges us to consider how our organizational culture is evolving to meet the needs of our members and the times in which we live.

The Public Affairs Committee shares ideas about how to spread the word about group therapy. Their work was featured at the Joint Board leadership training in March and I knew right away that I wanted to share it with the entire organization. It's such an important part of our connections both within the organization and beyond. I hope it will inspire you to become an AGPA Ambassador.

In *Consultation, Please*, we are reminded of how the outside world enters our groups in such profound ways. We are given important guidance on how to manage these dynamics. Our *A View from the Affiliates* column provides readers with insight into how one of our most active affiliate societies has successfully worked to diversify their membership and leadership. Finally, we continue the recognition of AGPA's newest Fellows. There were so many last time that we needed two editions to introduce all of them!

I appreciate the many connections that AGPA offers. It's an honor to showcase some of those here in the *Group Circle*. Don't hesitate to reach out with your ideas, comments, feedback and contributions. 🙌

FROM THE PRESIDENT

Continued from page 1

Each generation experiences unique social contexts, and monumental historical events shape our values and beliefs in profound ways. The Great Depression and World War II shaped the Greatest Generation. Baby Boomers came of age during the Civil Rights Movement, the Vietnam War, and the space race. Generation X saw the rise of personal computing, and the AIDS epidemic. Millennials were shaped by 9/11 and the expansion of social media. Generation Z grew up in a digital world shaped by terrorism, economic uncertainty, and climate anxiety. And, five years ago—bridging all generations—we experienced changes wrought by the COVID epidemic. We watched the murder of George Floyd, thus renewing our commitments to racial justice and cultural accountability. Today, as the world evolves at warp speed, AGPA faces a steady stream of challenges demanding thoughtful, flexible leadership during this time of inevitable culture change.

Why Focus on Cultural Change Within AGPA?

Remember the title of my inaugural presidential address? *This is Your Pilot Speaking. Buckle Your Seatbelts, We Expect Turbulence Ahead*. Indeed, we live in turbulent times! Like many institutions, AGPA is being buffeted by both strong external and internal winds—a veritable hurricane with dramatic gusts. And yet, we strive to keep our wings steady and our members safe.

The following reflections represent our collective responsibility—to honor our mission of excellence in group psychotherapy training and research and to do so in ways that reflect today's evolving realities impacting our organization as well as individual members.

How Has Our Membership Evolved?

From the beginning, AGPA has responded to the issues of its time. Founded in the 1940s, early conferences addressed the trauma and aftermath of World War II. Since then, we have undergone profound transformations and our ability to evolve remains one of our greatest strengths. What began as a small, nearly homogenous group of white male group analysts has grown into a vibrant, multidisciplinary, diverse organization that reflects a broad array of backgrounds, identities, and perspectives. Our membership, our theories, and the populations we serve have become more diverse than ever before.

Can We Integrate Generational Wisdom Within AGPA's Cultural Shifts?

Consider the extraordinary national and global experiences described earlier. Each generation brings unique insight. Longstanding AGPA members offer institutional memory and hard-earned wisdom; they have been respected mentors to many of us. Newer voices bring energy, fresh ideas, provocation, and necessary critique.

As we align our organization with the values of group work, let us continue to build inclusive spaces that welcome the wisdom imparted by all members—across generations, disciplines and lived experience.

Can We Embrace Our Collective Wisdom?

It is said that Aristotle was the last person to know

all there was to know in his time. Two thousand years later, the complexity of even a single issue exceeds the understanding of any one person or viewpoint. As post-Aristotelian thinkers, we must accept that part of what each of us believes is necessarily incomplete. This acknowledgement is the foundation of respectful dialogue and true learning. At our best, we draw upon our unique individual experiences to create shared insights.

Why Did You Join AGPA?

At our core, we are united by the belief that **groups heal**. This conviction defines our highest purpose as group psychotherapists and may well have drawn you to AGPA. We share a mission to promote and advance the practice, training, and research of quality group psychotherapy. AGPA supports this mission through programming of year-round e-Learning, publishing the *International Journal of Group Psychotherapy*, and presenting our annual Connect conference—a unique space that combines learning with exceptional professionals, reuniting with cherished friends, creating new relationships, and offering opportunities for our personal healing as we endeavor to assist in the healing of others.

What Are AGPA's Ongoing Efforts for Our Members?

In our role as healing therapists, we honor the lived experience of every individual. The principle of valuing each person and treating them with respectful kindness extends to the very way AGPA functions.

AGPA continues to take meaningful steps forward, which include establishing a Diversity, Equity, Inclusion (DEI) Taskforce, expanding our e-Learning offerings, creating and supporting Special Interest Groups aligned with member values and identities, and offering virtual formats of Connect to improve accessibility.

Our processes are also evolving. We've introduced a Safe Environment Response Team (SERT), which now plays an active role during Connect. The team endeavors to focus on ensuring a safe, respectful, and welcoming environment for attendees. In a continually refining process, SERT members undertake to respond to reports and work towards fair and thoughtful resolutions. All these changes reflect both visible and subtle shifts towards meaningful cultural change.

What Is My Vision?

Simple yet complex. My highest aspirations for AGPA during these challenging years are to broaden our membership, welcome diverse voices, and encourage thoughtful, civil dialogue around both established and emerging practices in group psychotherapy. In that regard, I created a **Presidential Theme of Agency Outreach**, (now with a taskforce led by Carlos Canales, PsyD, CGP, AGPA-F, SEP and Deborah Sharp, LCSW, CGP, AGPA-F), which focuses on engaging agency-based group therapists and clinic directors, listening carefully to their needs and offering accessible, relevant training and resources.

We have made substantial progress towards this vision,

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a view from the affiliates

Spreading the Word

Stephanie Vail, LCSW, CGP

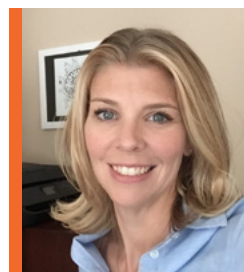
I had a chance to sit down recently with two past presidents of the Mid-Atlantic Group Psychotherapy Society (MAGPS) – Liz Marsh, LICSW, CGP and Karen Eberwein, PsyD, CGP – as well as newly minted President Joshua DeSilva, PsyD, CGP, AGPA-F.

We had a discussion about what they have done as a board and an organization to make way for leaders of color and those from other marginalized identities. Liz and Karen are white women, and Josh is queer, Latinae, and the first trans or nonbinary person to lead an AGPA Affiliate Society.

MAGPS has established itself as a leader among AGPA Affiliate Societies when it comes to creating a diverse and inclusive organization. I wanted to see what we could learn from their efforts: their trials, their successes, and their vision for the future – even as DEI efforts are under attack nationally and internationally.



Liz Marsh



Karen Eberwein



Josh DeSilva

SV: *What prompted you to take a look at your affiliate's relationship with diversity?*

LM: There was the original conversation we were having 10-plus years ago, which centered on a long-standing partnership with Howard University, a historically black college and university (HBCU) and the training program there.

KE: There is also St. Elizabeth's Hospital where Farooq Mohyuddin, MD, CGP, FAPA, AGPA-F has been the chair of psychiatry residency training, as well as Old Dominion University, where Nina Brown, EdD, LPC, NCC, FAPA, AGPA-DLF was involved with training. Both Farooq and Nina are MAGPS Past-Presidents.

LM: Yes. We've had these programs' trainees and clinicians, most of whom identify as people of color, coming through our organization for a long time. At some point years ago, I remember us on the board saying, "Funny thing ... People of color have contact with us, but don't stay. The membership of our organization still holds a particular [mostly white] demographic."

SV: *What has the process of rethinking MAGPS been like?*

LM: I can picture a meeting that we had at one of the summer retreats, with a newly elected board that suddenly consisted of a critical mass of people of color. And we were able to hold a conversation about meaningful diversification of the organization, rather than letting it get diffused or getting in the weeds. I can picture us sitting around the table, staying with it.

We had a shift from "golly gee, I wish we had a more diverse organization," to "How do we make our organization a place where people of color want to hang out?" That was a pretty profound shift that happened in our development. That was probably around 2018.

KE: I think for a long time, discussions involving diversity with a predominately white board were well-intended but self-centered, that is to say, in the service of whiteness – to make the white people in the organization feel good – rather than coming from a place that focused on and truly understood the unmet needs of people of color in our organization, and attempting to meet those needs in a truly meaningful way. I include myself too, as guilty of this.

JD: From my vantage point, where we were 10 years ago...I have this vivid memory of being at a conference and having a small group leader really miss me in terms of gender and sexuality. He said something to me like, "I wonder if you can leave your victim mentality here in this group." Really egregious stuff. I was just trying to speak to my experience of being a queer person of color in the group. And the leader was also a queer person of color. So that's where we started, and that was probably 2013 or 2014.

And then I saw the organization take some strides. I thought the needs assessment was a key to that. We had to deeply understand where we were if we're going to get anywhere new. And everything flowed from that. The Safe Environment Policy was also key from my perspective, and diversifying who we invite to speak has been key.

KE: We should credit Alison Howard, PsyD, MEd, CGP, who at a Board meeting in January 2020, proposed the development of our Antiracism Task Force. Alison, Liz, Shemika Brooks-Woods, PsyD, CGP, AGPA-F, and Christopher Ray, PhD, have been critical to this work in MAGPS. Under the presidency of Cristina Secarea, MD, this group really shifted us to an antiracist lens focused on anti-black racism. This continued during my presidency,

including our work with psychologist and antiracism consultant Kim Burdine, PhD. The Antiracism Task Force has evolved over the past six years, and is now known as the Justice, Equity, Diversity & Inclusion (JEDI) Committee.

SV: *What specifically have you done to make your organization feel more appealing to people of marginalized identities?*

JD: The option for conference attendees to self-select in a BIPOC group has been important.

So has thinking about the diversity of the presenter as not just being about the identity of the person in the presenter chair, but diversity of topic. The neurodiversity conference we just had in April was a huge success. It was presented by a white woman, but it was presented by an autistic white woman. That piece was really crucial. We are expanding our lens around diversity. It has meant race for many years, it is starting to maybe mean sexuality, but is certainly new to include anything else. We are wanting to go deeper and broader at what we are considering.

LM: You mentioned the Safe Environment Policy earlier, and I want to give AGPA a shoutout for that, because we based ours on theirs, and I know they hired a consultant to do that work.

I feel like the culture for a long time was about working out everything such as major conflict, racial enactments, microaggressions relationally/interpersonally, and I think part of the shift has been establishing that sometimes behavior is driven by systemic factors. We've created boundaries at the institutional level. It generates a different framework for how we do the group work.

KE: We've tried to be intentional about shifting the learning at conferences away from being at the expense of the person with the marginalized identity. The Safe Environment Policy helps create and enforce boundaries. We don't always get it right, but our hope is to identify and work with the person who has caused the injury, pair off with them, and provide education, if that's possible.

JD: Another piece of data I want to highlight is that our recent neurodiversity conference was successful not only because it was heavily attended, but because it was a majority of new attendees. I think something like 65 % of the people who came to the conference had never been to an MAGPS event before. You do DEI work so that new people can come through the doors. That's really good data in support of this work we've been doing. The question is can we sustain the existing folks. Many of them are still coming, though.

KE: We've also been really intentional about who we are choosing as small group leaders, as speakers, and who we want to center in the organization, so that people of color could identify with people in leadership.

LM: And we've been doing a lot of listening. Karen, it's about you and I being white women and passing the baton to Josh, and also really bringing in and mentoring other leaders of color in the organization. And being willing to shut the f— up at times. We've had to figure that out. How to listen to new voices and let other people take the reins.

I've had to learn this the hard way as I confront my whiteness. As an example, very early in my presidency, we needed a CEU provider for a conference. We had been rebuffed by our provider of choice because they felt our theme was too "experimental" (it was not experimental at all, for the record). I received counsel from our educational director (a woman of color responsible for coordinating this contract) that it was not worth pursuing an appeal, but I insisted on a meeting with the provider anyway. What's

worse, on the call with this provider, Josh started to confront the representative about how narrow their policy was and I cut Josh off at the knees by asserting my authority in the meeting.

My anxiety and urgency about the outcome of the conference and my privileged perspective that I could somehow work it out with this company, led me to override two leaders of color on my board. I think this is a typical way that people of color get sidelined in their roles in many of our organizations. In hindsight, I see that I should have honored their wisdom and their positions, rather than wanting to do it my way.

SV: *How are you working with some of the challenges around keeping existing members engaged while also attracting new members?*

JD: Including diverse representation on our JEDI Committee is essential. We have an older white woman on our JEDI Committee. That committee is fully authorized to do their own programming and create and run affinity groups. Older, more "senior" white folks being involved in that work is crucial. Otherwise it's siloed, and it's not improving our organization at the larger systemic level. I think we've had a lot of success with that.

SV: *Talk about your vision for MAGPS.*

JD: Historically, Howard University, St. Elizabeth's, and Old Dominion University have diversified our space by sending their trainees, but we want to move beyond that. We really need to do the work to partner with training programs. I think that's a real gap in our relationship base.

We're trying to reimagine the JEDI Committee's mission. *What's the next iteration of this?* And we're trying to do this when DEI is under assault. *How do we reimagine this mission in a moment when it's harder than ever to name or center these issues?* These are some of the questions we're considering.

All of this is an ongoing process. It's something that we have to figure out and re-figure out as an organization. It's not like you arrive at it one time and this is the solution.

SV: *What do you want other affiliates to learn from your experience?*

KE: Different affiliates will have different challenges based on where they are developmentally as organizations, as well as the intersectionality and subjective experiences of their members.

JD: Consulting with an expert to do a needs assessment is really important.

LE: I think relationships are really important. You can't just invite people of color in and then say, *great! We're all set!* For me, being on the Antiracism Task Force has been a great experience. You need to get people in power seats and then you actually build relationships with them. If you just hand someone a task without actually having a relational structure around it, then people are set up to fail. How many times in these organizations does someone just walk up to a brand new person of color and say, *hi would you like a leadership position?* You have to build the relationship first.

SV: *Say more about what it has looked like to build the relationships.*

LM: Part of it is just being on the board and doing tasks together. Also I don't know if other affiliates do retreats like we do. We used to go away for the weekend on retreats. In the current model, twice a year we have an all-day brainstorm session. We get to be together and have a meal together.

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Join the Grassroots AGPA Ambassadorship Initiative to Advance the Construct that Group Therapy Heals

By AGPA Public Affairs Committee: **Leonardo Leiderman, PsyD, ABPP, FAACP, CGP, AGPA-F and Farooq Mohyuddin, MD, CGP, AGPA-F, FAPA, Co-Chairs; Gary Burlingame, PhD, CGP, AGPA-DF, Molyn Leszcz, MD, FRCPC, CGP, AGPA-DF, Rachelle Rene, PhD, BCB, HSM, CGP, AGPA-F, Deborah Sharp, LCSW, CGP, AGPA-F, Brooke Stroud, PsyD, Martyn Whittingham, PhD, FAPA, AGPA-F, and Lorraine Wodiska, PhD, ABPP, CGP, AGPA-F, Members; and Diane Feirman, CAE, Staff Liaison**

EDITOR’S NOTE: The Public Affairs Committee advocates health care issues in public and social policy arenas by disseminating information about group psychotherapy and AGPA. It also maintains relationships and communicates with other professional organizations that improve standards setting, service delivery systems, legal rights, ethics, privileges and responsibilities, third-party coverage, and other mental health issues that may be of concern to AGPA members.

The Public Affairs Committee facilitated a didactic and experiential Joint Board Leadership Training at AGPA Connect 2025 titled *Group Therapy Heals: Spread the Word*. The purpose of the training was to provide tools and strategies to increase attendees’ effectiveness at letting others know about the power of group: the audiences to engage, effective messages to convey to the audiences, and how to stay connected with the Public Affairs Committee after the conference. The committee decided that consistent messaging across all our platforms and from our members will be helpful in spreading the word about group therapy. The three key points that were conveyed repeatedly throughout the presentation included: 1) *Groups provide the Triple E treatment—Equivalent, Effective, and Efficient* (a high-level talking point); 2) *Groups Heal* (promotes an emotional talking point); and 3) *Add One More Group into one’s practice* (A call to action). We also invited all the attendees at the training to make recommendations for reaching out to stakeholders outside AGPA and received wonderful contacts- so that we can use each other as resources when we are thinking about outreach. We are now in the process of following up on the contacts received.

As AGPA members, we all can join the grassroots initiative in becoming AGPA ambassadors. In our mind an ambassador is someone who is passionate about group therapy and informed enough to spread the word about group. Advocacy about the *Power of Group* is something we all can do.

In the training we highlighted that we have defined as priority audiences to include: 1) Internal Audiences such as AGPA members, AGPA leaders, Special Interest Group (SIG) members, and Affiliate Societies Members; 2) External Audiences such as Third-Party Payers and/ or Third-Party Payer Organizations; and, 3) Non-AGPA members, including Mental Health Professionals, Mental Health Agencies and staff, and other Professional Mental Health Organizations.

All attendees of this training also participated in experiential small groups to: 1) Identify people to contact including Agency Liaisons, Non-AGPA Members, Contacts at third-party payer organizations and 2) Offer a Story of Healing that has happened in groups attendees have facilitated that can be shared on the AGPA website or in marketing materials. We also encouraged attendees to consider how they might want to participate as an AGPA ambassador and work with the committee on future tasks.

As group therapists, we know that group therapy is effective based on our own clinical, professional, and personal experiences as group members. We also know that group therapy has met the standards for it to be included as an “evidence-based treatment” (EBT), reflecting it’s an empirically based practice (Leiderman & Buchele, 2025). Yet according to Burlingame (Leiderman, 2024), groups are comparatively an underutilized, underrecognized, and underappreciated treatment, which is noteworthy considering the research strongly emphasizes how group is as effective, when compared to other psychotherapeutic approaches such as individual psychotherapy (Burlingame & Strauss, 2021).

So, what talking points may you consider when accentuating the research about the efficacy, effectiveness and equivalence of group therapy and how its utilization can address the ongoing mental health crisis?

Group Psychotherapy: An EEE Treatment

The U.S. is in a mental health crisis with rising demand for treatment and insufficient providers (White House, 2021). For example, Ohio recently reported that demand for treatment rose 353% from 2013 to 2019, with an additional 70% increase during the COVID-19 pandemic (Hernandez & Lampl, 2021). Nationally, unmet demand for services is high with 53% of people who meet criteria for a diagnosable mental health condition unable to receive treatment (SAMHSA 2022). However, greater use of group treatment may be one way to meet this need. Whittingham

and colleagues (2023) showed that if 10% of this unmet need was met by group rather than individual therapy, 3.5 million more people would receive treatment producing a \$5.6 billion savings and a reduction of 34,473 additional new therapists who are currently not in the training pipeline.

Yalom and Leszcz (2020) described group therapy as a triple-E treatment; equivalent, effective, and efficient. Burlingame et al. (2016a) summarized 67 randomized clinical trials that compared individual and group treatment reporting **equivalent** symptom improvement, remission, dropout, and treatment acceptance. This team (Burlingame et al, 2016b) compared nearly 70,000 patients in daily practice who received either individual or group treatment, producing statistically identical improvement rates. Burlingame and Strauss (2021) summarized over a dozen diagnosis specific meta-analyses testing the **effectiveness** of group for common mood, anxiety, personality, substance, and chronic psychiatric conditions. All disorders showed small to very large improvement rates compared to no-treatment except for those diagnosed with schizophrenia. Group was superior to those receiving treatment-as-usual for depression, bipolar, and borderline disorders; equivalent to medication for depression and OCD, and outperformed active controls for substance and schizophrenia disorders. Whittingham and colleagues (2023) provide a compelling empirical argument for the **efficiency** of group treatment when compared to treating patients with individual therapy. Lastly, group therapy produces equivalent improvement when compared to individual therapy in rigorous randomized clinical trials, with over 60 evidence-based group protocols for the most common psychiatric disorders and its efficiency increases access to treatment more of those in need.

The next section will highlight ideas on how to approach consumers as well as non-AGPA members to expand the group therapy field.

Consideration of Approach to Consumers and Not-yet-members of AGPA

Along with promoting training and certification to current AGPA members, the Public Affairs Committee recognizes and is taking active steps to build group therapy awareness and capacity among non-members and consumers. This grassroots effort invites all active group therapists, AGPA members, leadership in AGPA and the affiliate members and all who believe in the healing power of group. There are thousands of clinicians worldwide whose group work is changing lives; we believe our community can expand exponentially and help reverse the trends in isolation, suicide, depression and anxiety.

We all know clinicians who wish they could reach more people in their community and reduce their waitlists and staff burnout. We all know capable clinicians who could be trained and supervised in a group. Clinicians in addiction programs, federally funded community mental health centers and agencies, in which group therapy is offered, are all potential group therapists. The Public Affairs Committee is confident that the resources we currently have, including our richly resourced evidence-based group therapy website (www.evidencebasedgrouptherapy.org) and recently launched new website at www.agpa.org, can provide the data, information, training opportunities, podcasts, articles, and links to existing communities of other clinicians in affiliate societies to meet our mission to increase the number of group therapists and certified group psychotherapists (CGPs).

AGPA members and leadership can help spread the word about how groups provide clinicians with a strong revenue stream, an effective treatment modality, and a supplement to their individual treatment. Our AGPA ambassadors can invite colleagues and friends to our affiliate meetings, our annual AGPA Connect conference, and our group therapy certification offerings. AGPA ambassadors can also write articles, host or appear on podcasts, repost related content and invite clinicians to train for group and start

their own groups. The efforts of the AGPA ambassadors can potentially increase the number of clinicians, programs offering groups, and the number of groups. To keep ourselves accountable we will track and measure the increase in affiliate society membership and meeting attendance, the number of non-AGPA members to AGPA Connect, the number of articles and podcasts related to group therapy, the percent increase of visits to the website and the number of Certified Group Psychotherapists (CGPs).

Agency Outreach Taskforce/ Dr. Wodiska’s AGPA Presidential Theme

Mental health agencies and their staff run groups every day across the country, often from not-for-profit organizations and outpatient mental health facilities. The Public Affairs Committee has a long history of interest and desire for outreach and inclusion of these agencies and their staff, thereby enhancing collaboration and AGPA membership.

In 2018 a group of dedicated AGPA leaders and volunteers submitted a powerful report of the results of a survey sent to many national mental health agencies regarding their utilization of group therapy modalities and their need for potential group training. They encountered significant barriers in receiving responses to their survey. What was clear in their findings was the *value of social capital in effective outreach*. Personal connections matter, particularly at first contact and especially with smaller mental health agencies. executive directors, clinical directors along with program chairs are often the ones making decisions about programming, support for continuing education and establishing and reviewing outcome measures.

Effective community outreach requires a multi-faceted and collaborative approach. For example, incorporating the findings of the above-mentioned report, the AGPA Membership Engagement Committee is now creating a new membership category specifically for community-based agencies and mental health organizations. This category is designed to increase value for agencies along with adding value for our organization-as-a-whole by increasing diverse programmatic offerings.

Summary

We wanted to thank those of you who participated in this event, volunteered to be ambassadors (we will be in touch!), provided us with meaningful contacts and offered stories of healing. We found it to be a memorable, enthusiastic, meaningful presentation and meeting together and hope you did too!

You can access a PDF of the PowerPoint slides of the Joint Board Leadership Training presented at AGPA Connect 2025 at <https://agpa.org/wp-content/uploads/2025/07/AGPA-Leadership-Training-March-2-2025-Presentation.pdf>. Or scan the QR code.



If you did not attend, we hope you may consider either becoming an AGPA ambassador, offer a Story of Healing and/or join our Public Affairs Committee. Please consider sharing the concepts in this article to promote group psychotherapy in the mental health field. Lastly, we would appreciate for all those interested to consider providing us with any specific contacts you have for outreach at agencies, healthcare settings like hospitals, addiction centers etc. that facilitate groups, as well as third party payers, other professional organizations, etc. If interested, feel free to contact us at lleiderman@westchester-nps.com or farooqmohyuddin@yahoo.com. In the meantime, keep watch for AGPA ambassador updates on the AGPA website and social media, and meet your fellow ambassadors at AGPA Connect in New York City March 2-7, 2026! 🍷

Congratulations, New Fellows

EDITOR'S NOTE: In order to maintain consistency in honoring AGPA's new Fellows, the decision was made to divide those honored at AGPA Connect 2025 into two groups. In this issue we present five Fellows. The other four Fellows were included in the Spring edition. We congratulate all of our Fellows.dition.

Joshua DeSilva, PsyD, GCP received their doctorate from George Washington University, in Washington, DC. They immediately opened their private practice in Arlington, Virginia. In the same year, they became a Certified Group Psychotherapist and took on a series of teaching and administrative roles thereafter. For instance, from 2017 until 2019, they were the Group Coordinator at the Office of Counseling Services, Old Dominion University. From 2019 until 2020, they served as a licensed psychologist at the College of William and Mary Counseling Center. From 2022 until 2023, they worked as the Director of Clinical Training at the Chicago School of Professional Psychology – Washington, DC Campus where they also became adjunct faculty. From 2023 till present, they developed the group psychotherapy program at the George Washington University Center Clinic where they also became adjunct faculty, teaching the group psychotherapy and diversity course work. It is fair to say that Dr. DeSilva started professionally with the identity of a group psychotherapist.



Joshua DeSilva

Currently, they serve as the President-Elect of the Mid Atlantic Group Psychotherapy Society. They also co-chair the Racial and Ethnic Diversity Special Interest Group (RED SIG) and are a member of the AGPA DEI Task Force. They are a board member for the International Board for the Certification of Group Psychotherapy and the Center for the Study of Groups and Social Systems. They became a Certified Consultant from the A.K. Rice Institute for the Study of Social Systems.

Jennifer “Jen” Martin, PhD, CGP received her doctorate from Brigham Young University in Provo, Utah. In 2014, she became a Certified Group Psychotherapist. From 2011-2019, Jen worked as a Clinical Assistant Professor and Group Therapist Coordinator for the Counseling and Wellness Center at the University of Florida. She opened her private practice in 2017, joining the Sage Wellness, LLC – a group practice that serves approximately 1,000 clients per year.



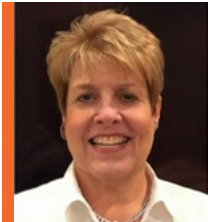
Jennifer Martin

In 2014, she became the Division 49, American Psychological Association (APA), Secretary for two years. From 2013 until 2016, she was part of the Early Career Professional Committee, Division 49, Society for Group Psychology and Psychotherapy, APA. From 2018 until 2010, she became a representative for the Member-at-Large, Division 49, APA. From 2016 until 2019, she served as the Co-Chair for the College Counseling Special Interest Group (SIG) and from 2019 until 2023, she was the Co-Chair for the Private Practice, (SIG) in AGPA. In her local state, she has been an active member and contributor at the Florida Group Psychotherapy Society since 2016. She has served as board member from 2019 until 2021 and from 2024 through the present.

In 2017, Jen became involved with the AGPA Principles

Course, serving as faculty on nine different occasions. She also served as Co-Chair 2019-2020, actively recruiting faculty and coordinating the experiential sessions at the annual conference. She has approximately 30 professional presentations and workshops related to group psychotherapy and has received 11 awards during her academic track.

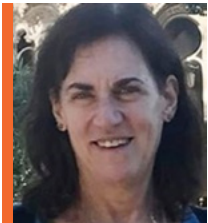
Catherine (Kathy) Reedy received her master’s in social work from the University of Kentucky. For approximately nine years she worked for the Catholic Social Service Bureau as a Clinical Specialist. Her area of emphasis involved utilizing group psychotherapy with adults who suffer from emotional problems related to alcohol and chemical dependency. She opened her private practice in 1987 and has been an active member of AGPA since 1989. Kathy received her CGP in 1989 and has been involved in various forms of group training since.



Catherine Reedy

She specialized in the diagnosis and treatment of alcoholism (1983–1985). In 1985, she received a certification in providing Conjoint Marital and Family Therapy. From 1991 to 1993, she completed the Advanced Psychotherapy Program of the Cincinnati Psychoanalytic Institute. She received a certification from the National Group Psychotherapy Institute. In spring 2024 she participated and completed her training at the Center of Group Studies in New York. She has served on several boards such as the Redwood Rehab Center (1990), AGPA (2018), and the Tri-State GPS (2018). She participated in the AGPA Membership Committee for two terms. She was Secretary at the Ohio Clinical Social Work Society for seven years. For four years, she served as the president of the Association for Psychoanalytic Thought and for 10 years she was a member at large of the Affiliate Society Assembly (ASA) of AGPA.

Elizabeth (Libby) Shapiro, PhD has demonstrated exceptional dedication and expertise in group psychotherapy over the past three decades, significantly contributing to the field through her work at Massachusetts General Hospital (MGH) and Cambridge Health Alliance (CHA).



Elizabeth Shapiro

At CHA, Libby Shapiro has spent the last decade supervising psychiatry residents, psychology postdoctoral fellows, and psychology interns. She also teaches crucial segments of the Psychotherapy Research Clinic seminar, focusing on the initiation and termination phases of psychotherapy.

During her tenure at MGH, Libby played a pivotal role in the Postgraduate Fellowship in Psychodynamic Psychotherapy and later at the Center for Psychoanalytic Studies. As the Director of the Center, following the passing of its founder, Dr. Anne Alonso, she managed both administrative and academic responsibilities. Libby oversaw faculty participation, educational activities, curriculum planning, and the overall experience of the trainees from application

through graduation.

She co-authored a notable chapter on supervision with Dr. Alonso and has scholarly interests in training, sibling dynamics, and advanced techniques in group and individual therapy. Her extensive private practice further informs her academic and clinical work, where she treats adults and supervises credentialed clinicians.

Since 1994, Libby has presented on a wide array of topics, such as “Sibling Transferences in Group Therapy” and “The Change Process in Group Therapy.” She has been an active member of the AGPA, serving on the Institute Committee of AGPA Connect since 2016 and co-chairing it since 2022. Her leadership roles extend to the Northeastern Society for Group Psychotherapy (NSGP), where she co-chaired the Experience Group Committee from 2013-2015.

Joan-Dianne Smith, MSW, RSW, FCGPA received her master’s of social work degree from Wilfrid Laurier University, Waterloo, Ontario. In 1980, she received an Advanced Certificate in Group Therapy from Smith College in Northampton, Mass. This program



Joan-Dianne Smith

included 120 hours of didactic coursework and a ten-month practicum leading two supervised groups, a theory paper, and a 20-hour experiential group.

From 1975 until 1982, Joan-Dianne worked in the Department of Psychiatry at Kitchener-Waterloo Hospital where she provided direct clinical work. From 1983 until 1989, she served as a Clinical Consultant and Supervisor at the Peterborough Youth Service and Kinark Child and Family Services Clinic. From 1990 until 2002, she was the Clinical Supervisor in Group Therapy at the Manitoba Child and Adolescent Treatment Center where she developed group programs and led and coordinated a variety of groups. Since 2002, Joan-Dianne has been in private practice offering individual, couple, and group therapy services. She has led one weekly women’s group for over 15 years and one biweekly training group for therapists for the past 12 years. Additionally, she has taught Core Principles in Groups several times, has led six Institutes, and has ten professional publications.

Joan-Dianne is a significant contributor to the Canadian Group Psychotherapy Association (CGPA) where she has been a member for over 40 years. In 2001, she received their Fellow status. In 2004, she completed the National Institute Instructor-Designate with AGPA and has been a regular presenter since. In 2014 and 2019, she chaired a task force to rebrand CGPA and consider its future. From 2012 to 2014, she reviewed the National Training Standards for CGPA and for two years, 2016-2017, she chaired the Fellowship and Awards Review for the same organization. For six years, she participated as a board member for CGPA and for three years, 2015-2018, she led their National Conference Program. Twice, she served as their president, from 2014-2016 and from 2018-2019. 🎉

Apply for AGPA Fellowship

Fellowship in AGPA is an honor that indicates a member’s outstanding professional competence of leadership capacity. AGPA accepts applications for fellowship. Fellows represent in a visible way the highest quality of AGPA. The Fellowship and Awards Committee considers five areas of activity and expects candidates to have shown excellence in leadership in at least two; one of which is leadership in AGPA, the Affiliate Societies and/or other group psychotherapy-related organizations. Visit the AGPA website at apga.org/fellowship to learn more about how to qualify for AGPA fellowship.

Upon review of a candidate’s application and professional experiences, the Fellowship and Awards Committee makes a recommendation to AGPA’s Board of Directors regarding the candidate’s application. The Board of Directors reviews the committee’s recommendation and makes the final decision about awarding fellowship to an applicant. Because of the timing of the Board meetings, applications may take several months to process depending on the time of year they are submitted. Once your application is approved, you will be notified by the Board of Directors, and a short profile will be written to be published in an upcoming issue of *Group Circle*. We celebrate all new Fellows at the Community Meeting each year at AGPA Connect. 🎉

Notification of the Election Slate: Officers, Board of Directors, and Nominating Committee

On behalf of the Nominating Committee, Donna J. Harris, MA, LCSW, CGP, AGPA-F; Teresa Lee, MD, CGP, FAPA; Shunda McGahee, MD, CGP; Michele Ribeiro, EdD, ABPP, CGP, AGPA-F, FAPA; and the Chair Gary M. Burlingame, PhD, CGP, FAPA, AGPA-DF, we are pleased to present the Election Slate for the forthcoming term. The ballot for this slate of candidates will be forwarded to voting members in good standing at least 90 days before the Annual Membership Community Meeting. Additional candidates may be nominated by petition of 5% (approximately 96) of the members in good standing. Names by petition must be received at the office of the Association no later than November 14, 2025.

The Nominating Committee was guided by a commitment to broad and inclusive representation. Geographic location, gender, and discipline of potential candidates were considered in forming a balanced and representative slate. The Nominating Committee was also guided by direction from the Board of Directors, in consultation with the Diversity, Equity, and Inclusion Task Force and Racial and Ethnic Diversity SIG to ensure Board representation by members of our BIPOC and marginalized communities. The Nominating Committee was pleased to be able to accomplish this by putting forward a strong cadre of candidates for this election for nomination at all levels: Officer, at-large Board Member, as well as for the Early Career Professional/Student Board Member candidates.

We are very thankful to the Committee members for putting together a list of well qualified and enthusiastic nominees. The Committee worked tirelessly during the months following AGPA Connect and have achieved excellent results. We are very grateful as well to the nominated candidates for agreeing to run for these important AGPA leadership positions. Candidate biographies and statements will be included with the actual ballots. The Nominating Committee’s selection for Officers and Board Member candidates are as follows:

The Nominating Committee’s selection for Officers (2026-2028 term) and Board Member candidates (2026-2030 term) are as follows:

- President-Elect:**
Deborah S. Sharp, LCSW-S, CGP, AGPA-F (Austin, TX)
- Secretary:**
Jacquelin “Jackie” Darby, PsyD, CGP (Nashville, TN)
Leann T. Diederich, PhD (Bellefonte, PA)
- Treasurer:**
Eri Bentley, PhD, CGP (Logan, UT)
Marcée Brennan, PhD, CGP (Fairburn, GA)

- Board of Directors (listed alphabetically; nine candidates for four Director positions):**
Kavitha Avula, PsyD, CGP, AGPA-F (Seattle, WA)
Sophia Chang-Caffaro, PsyD, CGP (La Jolla, CA)
Gaea Logan, LPC-S, CGP, AGPA-F (Boulder, CO)
Anna Packard, PhD, CGP (Sandy, UT)
Sara Schreiber, LCSW, CGP (Teaneck, NJ)
Brooke Stroud, PsyD (Washington, DC)
Martyn Whittingham, PhD, APA-F, AGPA-F (Cincinnati, OH)
Charles Zeng, MA, LMFT, LPCC, CGP (Pasadena, CA)

- Student/Early Career Professional Board of Directors, 2026-2028 (listed alphabetically four candidates for two Director positions):**
Anwar Francis, MSW, LCSW (Baton Rouge, LA)
Markie Silverman, PhD, LP, CGP (Ann Arbor, MI)
Amanda Weber, PhD (Boston, MA)
Francois Williams, MD (Atlanta, GA)

- Nominating Committee Candidates, 2026-2028 term**
Current Board of Director Category (listed alphabetically; four candidates for two elected positions):
Shemika Brooks-Woods, PsyD, CGP, AGPA-F (Baltimore, MD)
Michelle Collins-Greene, PhD, ABPP, CGP, AGPA-F (Hamden, CT)
Marvin Evans, LCPC, CSOTP, CGP, CTPP (Chicago, IL)
Donna J. Harris, MA, LCSW, CGP, AGPA-F (Drexel Hill, PA)

- General Member Category (listed alphabetically; four candidates for two elected positions):**
Joshua DeSilva, PsyD, CGP, AGPA-F (Washington, DC)
Martha Gilmore, PhD, CGP, AGPA-LF (Davis, CA)
Yair Kramer, PsyD, CGP, (Bronx, NY)
Simon Neo, PsyD, CGP (Singapore)

- Affiliate Society Assembly Chair-Elect Candidate for the 2026- 2028 term (nominated and to be voted on by the Assembly):**
Joshua DeSilva, PsyD, CGP, AGPA-F (Washington, DC)
Stephanie Vail, LMFT, CGP (Rochester, NY)

- Board of Directors after March 2026**
Leonardo (Leo) Leiderman, PsyD, ABPP, FAACP, CGP, AGPA-F, President
- To Be Determined, President-Elect
- To Be Determined, Secretary
- To Be Determined, Treasurer
- Lorraine Wodiska, PhD, ABPP, CGP, AGPA-F, Retiring President
- Darryl Pure, PhD, ABPP, CGP, AGPA-F, Foundation Chair of the Board
- Steven Van Wagoner, PhD, CGP, AGPA-F, Certification Chair of the Board
- Donna J. Harris, Assembly Chair
- To Be Determined, Assembly Chair-Elect
- Stavros Charalambides, Diploma, MSc, CGP (Athens, Greece)
- Jacquelin Darby, PsyD, CGP (Nashville, TN)
- Rachelle Rene, PhD, BCB, HSM, GCP, AGPA-F (San Diego, CA)

A VIEW FROM THE AFFILIATESContinued from page 3

JD: We have an intentional onboarding process for new board members as well.

KE: Yes – that’s relatively new. And having the BIPOC social as part of the conferences, that’s also newer. We want to help BIPOC people feel more connected, especially if they were not attending an MAGPS Conference as part of a training subgroup.

I think there also needs to be a willingness on the part of white folx in an organization to feel uncomfortable or not liked, or hated, or unpopular – a willingness to hold and contain that.

SV: *What else do you want other affiliates to know?*

JD: When we first began shifting attention to these themes, there was a lot of very heavy, very thick feedback along the lines of *You’re doing too many race topics, you’re beating a dead horse*, and we didn’t listen to that feedback. Had we shifted tack, had we said *we’re not going to do ‘race conferences’ for a couple of years*, I think we would have taken some massive steps backward. So I feel proud that we stayed the course and challenged folks to learn something from every conference. Each one of our so-called ‘race conferences’ have been very different.

KE: I think we’ve made it clear over time that race isn’t a separate focus for us. It’s a critical component of the group process, and the work is dependent on it.

LM: It’s another part of our unconscious. Psychodynamically speaking, we’re doing this all the time in so many different ways, in terms of working with our shadows. The equity work is just another way of thinking about what’s outside our awareness. 🧠

JOIN THE GRASSROOTS AGPA AMBASSADORSHIP INITIATIVE TO ADVANCE THE CONSTRUCT THAT GROUP THERAPY HEALSContinued from page 4

Resources

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consultation, please!

Members are invited to contact Mendel Horowitz, MS, CGP, Editor of the Consultation, Please column, about your issues and/or questions that arise in your group psychotherapy practices. Special Interest Group members are highly encouraged to send cases that pertain to your field of interest. They will be presented anonymously. Email Mendel at mendelhorowitz@gmail.com.

Dear Consultants:

I co-facilitate a support group in a region experiencing active war. The group includes members and facilitators from both sides of the conflict, all carrying present pain and historical trauma.

The group was created as a space for resilience, not political dialogue, but the war inevitably enters: in silences, in coded remarks, in shifting body language. Some members find strength in the shared space; others express fear or discomfort.

I'm committed to maintaining safety and dignity, but I'm struggling to navigate the rising tension without silencing pain or deepening harm. My own identity also shapes how I experience the group.

How can I ethically and therapeutically hold this group when the war outside threatens to fracture it from within?

*Signed,
Co-facilitating Under Fire*



Dear Co-facilitating Under Fire,

I'd like to reflect on my experience facilitating therapeutic groups during times of war, focusing on how extreme emotions can be processed through relationships, despite, or perhaps because of, the pressures of collective violence.

As facilitators, we are often required to contain what feels uncontainable. There are no shortcuts, only the fragile process of remaining connected, even when every instinct pulls us toward withdrawal.

When violence rises and annihilation anxieties prevail, suffering within and between people deepens. In my region, conflicts now dominate not only relations between society and its external enemies but also threaten internal social connections. This complex situation introduces unique challenges, especially in heterogeneous therapeutic groups.

My approach has always been to foster open communication within the group. In such spaces, participants can access emotional truths often obscured by media narratives. Over time, this process can transform anxiety into deeper interpersonal connection and restore a sense of shared humanity.

Since October 7, 2023, my weekly groups, comprising both Jewish and Arab participants, have endured a painful sequence of events. The shock of the Hamas attack and its terrorizing impact was followed by the trauma of over-proportioned IDF bombardments in Gaza, resulting in over 50,000 Palestinian civilian deaths. In my groups, Jewish members shared fears for loved ones in combat zones and identification with Israeli hostages. Arab participants grieved the decimated Palestinian civilians, some with direct family ties.

In addition, the group had to put up with my personal loss. On October 7, my son-in-law was killed defending a kibbutz. Weeks later, I was temporarily incapacitated after a bike accident. The group endured not only the war but also the pain and the emotional absence of its facilitator, a double rupture.

About a month into the war, tensions peaked. Jewish participants, boiling with fear and anger, directed suspicion toward Arab participants. They sought explicit denunciations of Hamas's actions to secure a sense of loyalty in times when the Arab participants grieved their own losses and struggled with their fragmented identities. Arab participants struggled to differentiate themselves from collective stereotypes while Jewish participants longed for emotional safety and trust in the group.

The group came close to collapse. In wartime, the psychological pull toward uniformity and polarization is overwhelming. Complex, differentiated thinking feels dangerous or treacherous. What held us together was the quality of relationships formed in years before the war. That relational history became our lifeline.

In newly formed groups, facilitators must work with intention and patience to build just enough connection to hold contradiction, fear, and pain without breaking apart.

Looking back, I believe my decision to return prematurely, on crutches and still unwell, was guided by personal urgency. The need to be with the group outweighed the need for full physical recovery. The act of enduring existential experiences together, despite everything, was itself therapeutic.

One brief story illustrates the emotional movement possible even amid rupture.

An Arab woman in the group, who had recently moved with her family to a predominantly Jewish city, shared how weeks into the war, she saw her neighbor in the elevator as a uniformed soldier with a rifle. Startled and frightened, she hesitated, and he did not hold open the doors.

After sharing this with the group, a Jewish participant invited her to move immediately to her home in Haifa, saying simply, "I have enough space." The group was finally struggling for their reciprocal trust. The following week, the Arab participant shared a continuation of the story. When she again encountered the soldier in the elevator, he held the doors open, smiled, and said, "Don't worry, I was just in a bad mood yesterday."

These small moments matter.

In the 18 months since October, the group has been challenged repeatedly. Conflicts rooted in the war continue to surface. But the group's ability to hold these tensions has grown. We have learned that working together in the face of fragmentation is a form of survival and perhaps, of hope.

*Robi Friedman, PhD
Haifa, Israel*



Dear Co-facilitating Under Fire,

Your powerful question reflects the profound moral, emotional, and clinical complexity of co-facilitating a support group in the context of active war—especially with members from opposing sides of the conflict. You are not alone in this struggle. In fact, your recognition of the group's fragile ecology—and your own role within it—creates a beautiful foundation for ethical and clinical holding.

War destabilizes the internal and external scaffolding we rely upon to "go on being." In this shattered symbolic order, trauma is not only individual; it is communal. You are encountering "shared trauma"—a symmetrical loss of absolutisms where facilitators and group members alike are living inside the same traumatic field (Stolorow & Atwood, 1992; Mucci, 2017.) The war does not stay outside. It enters the room through silence, tension, body language, imagery, associations, and coded speech.

In this setting, the task of the group leader is neither to repress conflict nor to allow it to fragment the group. Rather, it is to contain—to provide a stable psychological container that can hold grief, uncertainty, and even outrage without tipping into enactment. This requires both structural clarity and emotional flexibility.

First, revisit your group contract. You can be explicit about boundaries around political argument, enemy image-making, and forms of speech that undermine safety. A contract does not suppress pain; it dignifies it by ensuring that no voice becomes a weapon. One practice I recommend is incorporating a group covenant—an agreement that each member will work to remain self-reflective, to listen across differences, and to speak from personal truth rather than collective ideology.

Second, consider naming the war not as a political conflict but as a shared existential catastrophe. This reframing allows a shift toward our common humanity. Despite the group's diversity, there are likely shared themes: grief, family separation, loss of home and homeland, helplessness, and moral injury. You can guide the group toward subgrouping—not to erase difference, but to make space for vulnerability, complexity, and compassion.

At the International Institute for Trauma Studies, we draw upon Contemplative-Based Trauma and Resiliency Training (CBTRT), a methodology I developed and also teach in war-affected and post-conflict regions, including Ukraine. CBTRT blends contemplative practice, neuroscience, and trauma-informed group principles to help clinicians and group members stabilize, regulate, and reconnect to the body when words are not available. PTSD symptoms do not emerge from traumatic incidents themselves, but from the inability to reliably return to a regulated nervous system. We offer this gently—not as a solution, but as a skillful resource. The core principle is simple but powerful: Calm Creates Calm. When clinicians can access their own internal regulation, the group's nervous system begins to entrain toward safety. In high-arousal settings, I begin with brief grounding practices, breath work, somatic anchors, and language rooted in sensation to help create a relational home that supports thinking, mentalization, and resilience.

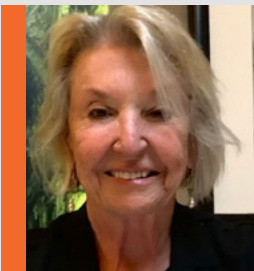
Your own role, identity, and affiliations matter. In shared trauma, the asymmetry between clinician and participant softens. The goal is not neutrality, but regulated presence. Mindful awareness of your own affective responses—especially in moments of dysregulation—becomes essential. Staying grounded is not just a clinical tool but an ethical stance.

Remember to extend compassion not only to your group members but also to yourself and your co-facilitator. Peer consultation, supervision, and strategies for self-regulation are essential. The emotional toll of this work is immense. The practice of compassion is a shared responsibility. When facilitators can create a safe-enough container for difference, suffering can become a bridge rather than a barrier.

Your courage and commitment—amid the noise and horror of war—models the very resilience and dignity that group psychotherapy helps us to strengthen and be strengthened by.

Let the group become a place where silence is honored but not feared, where pain is named but not used, and where difference becomes a source of learning—not threat. In such spaces, healing begins—not despite war, but within it.

*Gaea Logan, LPC-S, CGP, AGPA-F
Boulder, CO*





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Group Life: Holding Space for Deeper Connection in Complex Times

lettertotheeditor

Robert Pepper, LCSW, PhD, CGP, AGPA-F

Editor’s Note: This letter is in response to a previous letter to the editor submitted by Jennifer Gauerke, CADG, CGP, LMHC, that appeared in the Spring 2025 issue of the Group Circle.

Jennifer Gauerke’s response is thought-provoking. And I’m sure we all agree that under ideal circumstances safety is the number one priority in any treatment group, the focus being on the here and now. But we don’t live in a perfect world, and as Ms. Gauerke rightly notes, “ethical issues are complex.” Could it be even more complex than Ms. Gauerke states?

Over 10 years ago, I published an article in *GROUP* titled, “Is group psychotherapy inherently unethical?” (Pepper, 2016). In that article, I referenced an obscure 30-year-old, yet nonetheless seminal, article that was published in the *IJGP* titled, “Confidentiality in group psychotherapy: Empirical findings and the law” (Roback, H. 1996). The basic premise of that article was that confidentiality of group therapy was not protected by law, and actually precluded by it.

In the letter under question to “Consultation Please,” a crime may have been committed, a felony at that. While we all know that in most circumstances “truth finding is not our role

as group facilitators...”if we are made aware of a colleague’s illegal or unethical behavior, we are morally required to report. Our work may be subject to scrutiny of the world at large. Confidentiality be damned, making group therapy a truly unsafe space for leaders and members alike.

Resources

Pepper, R.S. (2015). Is group therapy inherently unethical? *GROUP* 39.2, 159-160

Roback, H., Moore, R., Bloch, F.S. & Sullivan M. (1996). Confidentiality in group psychotherapy: Empirical findings and the law. *International Journal of Group Psychotherapy*, 46(1), 117-135.

FROM THE PRESIDENT

Continued from page 2

but it is not complete. Consider this multilayered vision of continuing culture change for AGPA. I believe it engages us in thoughtful fairness. As you read, consider how these steps enhance therapeutic work within our groups. Our group members are also changing and will benefit from our personal and professional development.

- **Building Cultural Awareness Through Learning:** We’re offering more opportunities for members to develop their understanding and skills around cultural issues in group therapy, especially when it comes to navigating tough conversations around race, power, and privilege.
- **Making Space for Self-Reflection:** We’re encouraging members to look inward, to reflect on their identities, biases, and privileges—all in an effort to show up more fully and effectively in our groups.
- **Breaking Down Barriers:** We’re looking closely at what might be preventing members feeling like they truly belong; and we are taking steps to change that—within AGPA and with the populations we serve.
- **Linking Research and Practice:** We’re supporting work that integrates cultural competence into research and clinical guidelines, so that what we teach and how we practice truly reflects the diverse world we live in.

Will You Join Us in Shaping a Relevant Cultural Future for AGPA?

If you are passionate about group work—if you believe that Groups Heal—I invite you to become more involved in furthering the shared vision of AGPA.

- Submit a proposal for Connect 2026 (online or in person in New York City).
- Join a Special Interest Group.
- Participate in a Committee/Taskforce.
- Run for office.

Bring your ideas, your perspective, your energy, and your expertise. Help build an organization **of the members, by the members, and for the members of AGPA.**

As always, I welcome your thoughts and questions at lwodiska@gmail.com. 🙋

Resources

Parker, T. (1850). *The American idea: Government by the people, for the people, of the people*. Benjamin B. Mussey. <https://archive.org/details/americanideagove00park>

Wodiska, L. (2025). This is Your Pilot Speaking. Buckle your seatbelts, *We expect turbulence ahead*. *International Journal of Group Psychotherapy*, 74(4) 387-408.